

## APPLICATION DATA SHEET

### Application Information

Application Number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form (CRF)?:: No

Number of Copies of CRF::

Title:: APPARATUS AND METHOD FOR CLEANING  
ELECTRONIC PACKAGES

Attorney Docket Number:: 033539-019

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure:: 2a

Total Drawing Sheets:: 4  
Small Entity?:: No  
Latin Name::  
Variety Denomination Name::  
Petition Included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers::  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hong Kong  
Status:: Full Capacity  
Given Name:: Chi Wah  
Middle Name::  
Family Name:: CHENG  
Name Suffix::  
City of Residence:: Kwai Chung  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: 20/F., Watson Centre, 16-22 Kung Yip Street

City of Mailing Address:: Kwai Chung

State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing  
Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Hong Kong

Status:: Full Capacity

Given Name:: Yui Ko

Middle Name::

Family Name:: WONG

Name Suffix::

City of Residence:: Kwai Chung

State or Province of Residence::

Country of Residence:: Hong Kong

Street of Mailing Address:: 20/F., Watson Centre, 16-22 Kung Yip Street

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State or Province of Mailing Address::

Country of Mailing Address:: Hong Kong

Postal or Zip Code of Mailing  
Address::

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Hong Kong  
Status:: Full Capacity  
Given Name:: Tim Wai  
Middle Name::  
Family Name:: MAK  
Name Suffix::  
City of Residence:: Kwai Chung  
State or Province of Residence::  
Country of Residence:: Hong Kong  
Street of Mailing Address:: 20/F., Watson Centre, 16-22 Kung Yip Street  
City of Mailing Address:: Kwai Chung  
State or Province of Mailing Address::  
Country of Mailing Address:: Hong Kong  
Postal or Zip Code of Mailing Address::

### **Correspondence Information**

Correspondence Customer Number:: 21839  
Phone Number:: (703) 836-6620  
Fax Number: (703) 836-2021

## **Representative Information**

Representative Customer Number:: 21839

## **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Non Provisional of	60/436,659	12/30/02

## **Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
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## **Assignee Information**

Assignee Name::	ASM Assembly Automation Ltd.
Street of Mailing Address::	20/F., Watson Centre, 16-22 Kung Yip Street
City of Mailing Address::	Kwai Chung
State or Province of Mailing Address::	
Country of Mailing Address::	Hong Kong
Postal or Zip Code of Mailing Address::	